



*TJW*  
PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**(Attorney Docket No. BP2892)**

In the Application of:  
Hung-Ming (Ed) Chien

§ Group Art Unit: 2681  
§ Examiner: Unknown

Serial No.: 10/645,126

§ **CERTIFICATE OF MAILING UNDER 37 CFR §1.8**

Filed: August 21, 2003

§ I hereby certify that this correspondence is being  
§ deposited with the US Postal Service, First Class Mail  
§ addressed to: Commissioner for Patents, P. O. Box  
§ 1450, Alexandria, VA 22313-1450 on

For: HIGH FREQUENCY SIGNAL  
POWER DETECTOR

*11-22-2005*

*Diane Hudson*  
§ Diane Hudson

**REQUEST TO CORRECT FORMAL FILING RECEIPT**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir or Madam:

In connection with the above-referenced patent application, attached is the formal filing receipt received from the USPTO wherein the USPTO mistakenly omitted the priority information as shown on the attached as filed Declaration.

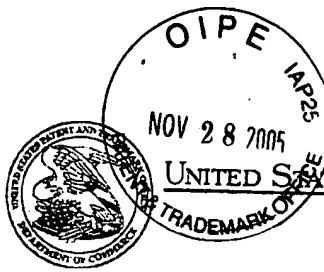
Applicant respectfully requests that a new formal filing receipt be issued reflecting the priority information as shown.

Respectfully submitted,

Date: November 22, 2005

By: Timothy W. Markison, #33,534/  
Timothy W. Markison, #33,534

**Garlick Harrison Markison LLP**  
P.O. Box 160727  
Austin, Texas 78716  
Telephone: (512) 342-0612  
Fax: (512) 342-1674



DATE REC'D

11-17-03

DATE DOCKETED

11-21-03

BP2892

Page 1 of 2

| APPL NO.   | FILING OR 371<br>(c) DATE | ART UNIT | FIL FEE REC'D | ATTY DOCKET NO | DRAWINGS | TOT CLMS | IND CLMS |
|------------|---------------------------|----------|---------------|----------------|----------|----------|----------|
| 10/645,126 | 08/21/2003                | 2681     | 750           | BP2892         | 7        | 18       | 2        |

UNITED STATES DEPARTMENT OF COMMERCE  
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34399  
GARLICK HARRISON & MARKISON LLP  
P.O. BOX 160727  
AUSTIN, TX 78716-0727

CONFIRMATION NO. 7123

FILING RECEIPT



\*OC000000011279820\*

Date Mailed: 11/17/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Hung-Ming (Ed) Chien, Los Angeles, CA;

**Domestic Priority data as claimed by applicant**

60/465,426 - 4/25/2003

**Foreign Applications**

**If Required, Foreign Filing License Granted:** 11/14/2003

**Projected Publication Date:** 02/24/2005

**Non-Publication Request:** No

**Early Publication Request:** No

**Title**

High frequency signal detector

**Preliminary Class**

455

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Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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|                                                                                                                                                                                         |  |                        |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|----------------------|
| <b>DECLARATION FOR UTILITY OR<br/>DESIGN<br/>PATENT APPLICATION<br/>(37 CFR 1.63)</b>                                                                                                   |  | Attorney Docket Number | BP2892               |
|                                                                                                                                                                                         |  | First Named Inventor   | Hung-Ming (Ed) Chien |
| <b>COMPLETE IF KNOWN</b>                                                                                                                                                                |  |                        |                      |
| <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after initial Filing (surcharge (37 CFR 1.16(e)) required) |  | Application Number     | <i>1426</i>          |
| OR                                                                                                                                                                                      |  | Filing Date            | NOV 28 2005          |
|                                                                                                                                                                                         |  | Group Art Unit         | <i>1426</i>          |
|                                                                                                                                                                                         |  | Examiner Name          |                      |

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**HIGH FREQUENCY SIGNAL POWER DETECTOR**

the specification of which

*(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checkign the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Applications Numbers(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed                                 | Certified Copy Attached? YES                         | Certified Copy Attached? NO                          |
|---------------------------------------|---------|----------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
|                                       |         |                                  | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

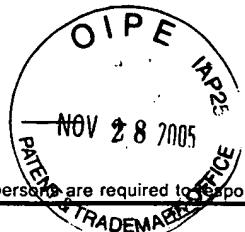
I hereby claim the benefit under 35 U.S.C. 119 (e), 120, or 365 (c) of any U.S. or PCT application(s) listed below.

| Application Numbers(s) | Filing Date (MM/DD/YYYY) | Additional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------|
| 60/465,426             | 4/25/2003                | <input type="checkbox"/>                                                                                    |
|                        |                          |                                                                                                             |
|                        |                          |                                                                                                             |
|                        |                          |                                                                                                             |

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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## DECLARATION - Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                               |                    |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------|--------------------|----------------------------------------------------------|
| Direct all correspondence to:                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | <input checked="" type="checkbox"/> Customer Number<br>or Bar Code Label      | 34,399             | OR <input type="checkbox"/> Correspondence address below |
| Name Timothy W. Markison                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                                                               |                    |                                                          |
| Address P.O. Box 160727                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                               |                    |                                                          |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                               |                    |                                                          |
| City Austin                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | State TX                                                                      | ZIP 78716-0727     |                                                          |
| Country USA                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | Telephone (512) 342-0612                                                      | FAX (512) 342-1674 |                                                          |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                        |                                                                               |                    |                                                          |
| NAME OF SOLE OR FIRST INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                    |                                                          |
| Given Name<br>(first and middle [if any]) Hung-Ming (Ed)                                                                                                                                                                                                                                                                                                                                                                                                                  |                        | Family Name<br>or Surname Chien                                               |                    |                                                          |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <i>Hung-Ming Chien</i> |                                                                               |                    | Date 08/15/03                                            |
| Residence: City Los Angeles                                                                                                                                                                                                                                                                                                                                                                                                                                               | State CA               | Country USA                                                                   | Citizenship Taiwan |                                                          |
| Mailing Address 3290 Swatelle Blvd #103                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                               |                    |                                                          |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                               |                    |                                                          |
| City Los Angeles                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State CA               | ZIP 90066                                                                     | Country USA        |                                                          |
| NAME OF SECOND INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                    |                                                          |
| Given Name<br>(first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | Family Name<br>or Surname                                                     |                    |                                                          |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                               |                    | Date                                                     |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State                  | Country                                                                       | Citizenship        |                                                          |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                               |                    |                                                          |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                               |                    |                                                          |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State                  | ZIP                                                                           | Country            |                                                          |
| <input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheets(s) PTO/SB/02A attached hereto.                                                                                                                                                                                                                                                                                                                      |                        |                                                                               |                    |                                                          |